| EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exame will not fit in line 1b, leave all of item 1 blank, check here and puta. ORGANIZATION'S NAME GATEWAY BUICK GMC, INC. | ct, full name; do not amit, mod<br>rovide the Individual Debtor Inf | THE ABOVE SPA                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Delaware Department of State U.C.C. Filing Section Filed: 09:12 AM 10/05/2015 U.C.C. Initial Filing No: 2015 4487236 Service Request No: 20150376442 |                |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|
| ime will not fit in line 1b, leave all of item 1 blank, check here and pi<br>1a. ORGANIZATION'S NAME                                                                                         |                                                                     |                                         | and the same of the same security of the same secur | R FILING OFFICE USE (                                                                                                                                |                |  |  |
|                                                                                                                                                                                              |                                                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                |  |  |
| GRIEWAL BUICK GMC, INC.                                                                                                                                                                      |                                                                     | 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                |  |  |
| 1b. INDIVIDUAL'S SURNAME                                                                                                                                                                     | FIRST PERSONAL NA                                                   | AME                                     | ADDITIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAL NAME(S)/INITIAL(S)                                                                                                                               | SUFFIX         |  |  |
| Mailing address<br>0 JAMES S. MCDONNELL BLVD.                                                                                                                                                | CITY<br>HAZELWOOD                                                   |                                         | STATE<br>MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 63042-2306                                                                                                                                           | COUNTRY        |  |  |
| 22. ORGANIZATION'S NAME  25. INDIVIDUAL'S SURNAME  MAILING ADDRESS                                                                                                                           | FIRST PERSONAL NAME                                                 |                                         | ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | SUFFIX         |  |  |
| ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR<br>3a. ORGANIZATION'S NAME<br>BANK OF SPRINGFIELD                                                                                       | SECURED PARTY): Provide                                             | only one Secured Party nar              | ne (3a or 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | )                                                                                                                                                    |                |  |  |
| 3b. INDIVIDUAL'S SURNAME                                                                                                                                                                     | FIRST PERSONAL NA                                                   | FIRST PERSONAL NAME                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                        |                |  |  |
| MAILING ADDRESS<br>00 W. WABASH                                                                                                                                                              | CITY<br>SPRINGFIEI                                                  | .D                                      | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POSTAL CODE<br>62711                                                                                                                                 | COUNTRY        |  |  |
| OLLATERAL: This financing statement covers the following collateral: EN ACCOUNTS RECEIVABLE WITH GENERA                                                                                      | AL MOTORS                                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      | EXHIBIT F      |  |  |
| eck only if applicable and check only one box. Collateral is held in a                                                                                                                       | Trust (see UCC1Ad, item 17 a                                        | and Instructions) bein                  | a administe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | red by a Decedent's Persona                                                                                                                          | l Representath |  |  |
| Check <u>only</u> if applicable and check <u>only</u> one box:                                                                                                                               |                                                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | f applicable and check only o                                                                                                                        |                |  |  |
| Public-Finance Transaction Manufactured-Home Transaction                                                                                                                                     | on A Debtor is a Tra                                                | insmitting Utility                      | Agricult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tural Lien Non-UCC                                                                                                                                   | Filing         |  |  |